

Factors Associated With Ostomy Adjustment In People Living With An Intestinal Or Urinary Ostomy

Erika I. Lopez¹, Joyce Pittman^{1,2}, Lavleen Samra^{1,3}, Chelsea Tabor¹, Susan M. Rawl^{1,4}

¹IU School of Nursing, ²Indiana University Health, ³Indiana University School of Public Health; ⁴IU Melvin and Bren Simon Cancer Center

More than 120,000 new ostomies, or surgically created openings through the abdomen for bowel or urinary elimination, are created annually in North America. Up to 80% of patients with a new ostomy experience ostomy-related complications that can interfere with adjusting to living with an ostomy and diminish quality of life. Short hospital stays and fragmented follow-up care make it difficult for people with new ostomies to adjust and find the support and resources they need. Little is known about factors that influence positive adjustment to a new ostomy. The purpose of this study was to explore demographic factors that may be associated with adjustment to living with an ostomy. Potentially eligible participants who had ostomy surgery in the past 24 months were identified from lists generated by wound, ostomy, and continence nurses in 5 hospitals affiliated with a major health system in Indiana. Introductory study letters were mailed to potentially eligible participants. Trained research assistants telephoned participants who did not call the office to decline in order to assess eligibility, explain the study, and answer questions. Quantitative and qualitative data were collected via telephone interviews from 203 participants and entered directly into the RedCap database. The Ostomy Adjustment Inventory-23 was used to assess adjustment to living with an ostomy. Data were analyzed using correlations, t-tests, and analyses of variance using the Statistical Package for the Social Sciences. Results indicated that participants with higher incomes had significantly better adjustment scores than those with lower incomes ($p < .000$). No other demographic variables were associated with ostomy adjustment. People with lower incomes may be at risk for poor adjustment after ostomy surgery. Additional support and education may be needed to enhance ostomy adjustment for people at risk. Future research is needed to develop and test the effectiveness of interventions to support ostomy adjustment.

Mentor: Susan Rawl, Science of Nursing Care Department, IU School of Nursing, IUPUI, Indianapolis, IN